

# Claims Checklist for Theft, Vandalism, or Other Damages to Personal Property

Following this checklist will greatly simplify the claim turn-in process.

**(Check each box to ensure your claim is complete)**

If you have any insurance coverage, (auto, homeowners, personal property floaters, etc), it is mandatory that you file with your insurer first before submitting a claim.

☒ Check Off

1. *DD Form 1842 and 1844. [required for all]* → ☐
2. Copy of *PCS Orders*. Or other documents to show you are stationed or employed at Yokota Air Base. **[required for all]** → ☐
3. *Copy of the Investigative Report*. You will need to obtain a copy of the **complete** report, to include witness statements, from the Security Police Reports and Analysis Section, Building 555, 225-8812 or other agency as applicable. **[required for theft and vandalism claims]** → ☐
4. Copy of *Insurance information and vehicle registration* to ensure compliance with base regulations. **[required for damage or loss to vehicle claims]** → ☐
5. Copy of Civil Engineering Work Order and Housing Authorization Letter. **[required for loss or damage at on base quarters or off base quarters due to appliances or equipment failure furnished by the Air Force, claims]** → ☐
6. Copy of lost baggage report, TDY orders, leave form, baggage tickets. **[required for lost or damaged baggage on authorized AMC flights, claims]** → ☐
7. Estimates of Repair, replacement substantiation for items over \$50.00, paid receipts. **[required for all as applicable]** → ☐
8. *Photographs*: If it is feasible for you to take photos of the damage, please do so and submit them with your claim. → ☐
9. *Inspection*: You may be required to bring your vehicle or damaged items to the claims office so that we may due an inspection of the damage. You will be informed if this is necessary.

## CLAIMS TURN-IN: Claims are accepted as follows:

*MONDAY and TUESDAY (Except Holidays). By appointment only.*

*WEDNESDAY between 0800-1000. Walk in service is restricted to 5 items or less.*

## CLAIMS FILING DEADLINE:

You must submit your claim to us in writing within **2 years** from the date of the incident. This is a statutory limitation and can not be waived under any circumstances. **If a claim appears to be**

fraudulent, it may be denied or turned over to the law enforcement officials for investigation.

<b>CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE</b>				
<b>PART I - TO BE COMPLETED BY CLAIMANT</b> <i>(See reverse side for Privacy Act Statement and Instructions.)</i>				
<b>1. NAME OF CLAIMANT</b> <i>(Last, First, Middle Initial)</i>	<b>2. BRANCH OF SERVICE</b>	<b>3. RANK OR GRADE</b>	<b>4. SOCIAL SECURITY NUMBER</b>	
<b>5. HOME ADDRESS</b> <i>(Street, City, State and Zip Code)</i>		<b>6. CURRENT MILITARY DUTY ADDRESS</b> <i>(If applicable) (Street, City, State and Zip Code)</i>		
<b>7. HOME TELEPHONE NO.</b> <i>(Include area code)</i>	<b>8. DUTY TELEPHONE NO.</b> <i>(Include area code)</i>	<b>9. AMOUNT CLAIMED</b>		
<b>10. CIRCUMSTANCES OF LOSS OR DAMAGE</b> <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>				
<b>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?</b> <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>				<b>YES</b>
<b>12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?</b> <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>				<b>NO</b>
<b>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY?</b> <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>				
<b>14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER?</b> <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>				
<b>15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS?</b> <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>				
<b>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</b> If any missing items for which I am claiming are recovered, I will notify the office paying this claim. <i>(For shipment claims.)</i> Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.				
<b>17. SIGNATURE OF CLAIMANT</b> <i>(or designated agent)</i>				<b>18. DATE SIGNED</b> (MMDDYY)
<b>PART II - CLAIMS APPROVAL</b> <i>(To be completed by Claims Office)</i>				
<b>19. PROCEDURE</b> <i>(X one)</i>		<b>20. AMOUNT AWARDED.</b> The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		
a. SMALL CLAIMS			\$	
b. REGULAR CLAIMS				
<b>21. SIGNATURES</b> <i>(Signatures at a and c not required if small claims procedure is utilized)</i>				
a. CLAIMS EXAMINER		b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	
d. DATE SIGNED (MMDDYY)				
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (MMDDYY)



1. NAME OF CLAIMANT ( <i>Last, First, Middle Initial</i> )				3. Pick-Up Date		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART													
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. Delivery Date		14. Origin Contractor		17. 2nd Contractor		21. Claims Number		22. Net WT Max Carrier Liability							
a. Name			b. Policy No.																
5. LINE NO	6. QTY	7. LOST OR DAMAGED ITEMS <small>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING".)</small>	8. Inv No.	9. Original Cost	10. MM/YY Purchased	11. Amount Clmd Repair Cost	b. Or Replace- ment Cost	15. Inventory Date (MMDDYY)	18. Exception Sheet Date		23. GBL Number		24. Lot Number						
								16. Exceptions	19. Inv #	20. Exceptions	25. Amount Allowed	26. Adjudicator's Remarks	27. Item Wt	28. Ware- house Lbty	29. Carrier Lbty				
12. Remarks  Yen Conversion Rate for _____ 19____ is \$1.00 = _____				13. Total Amount Claimed		\$				30. Total Amount Allowed		\$		31. Third Party Liability		\$		\$	

